



Revue d'histoire de l'enfance « irrégulière »

Le Temps de l'histoire

18 | 2016

Le psychiatre, l'enfant et l'État

British Child Guidance Practitioners at the Paris Conference: Their Ideas and Therapeutic Methods

Les praticiens des Child guidance britanniques au congrès international de psychiatrie infantile (Paris, 1937) : leurs idées et méthodes thérapeutiques

John Stewart



Electronic version

URL: <http://journals.openedition.org/rhei/3916>

DOI: 10.4000/rhei.3916

ISSN: 1777-540X

Publisher

Presses universitaires de Rennes

Printed version

Date of publication: 30 November 2016

Number of pages: 134-148

ISBN: 978-2-7535-5175-6

ISSN: 1287-2431

Electronic reference

John Stewart, « British Child Guidance Practitioners at the Paris Conference: Their Ideas and Therapeutic Methods », *Revue d'histoire de l'enfance « irrégulière »* [Online], 18 | 2016, Online since 30 November 2018, connection on 03 May 2019. URL : <http://journals.openedition.org/rhei/3916> ; DOI : 10.4000/rhei.3916

British Child Guidance Practitioners at the Paris Conference: Their Ideas and Therapeutic Methods

John STEWART
Emeritus Professor
of Health History,
Glasgow Caledonian
University.

A number of practitioners of child guidance in Britain—attended the 1937 Paris Conference. This article discusses their ideas and clinical practices of three of them—Robina Addis, Mildred Creak, and Emanuel Miller—with a view to throwing light on the attitudes and beliefs they brought to the meeting in France. This article first describes the nature and scope of child guidance in Britain down to the mid-1930s. Next comes a discussion of ideas of what constituted child mental ill-health and their therapeutic techniques. In concluding, it is suggested that the significance of the attendance of the British delegates lies in the very fact of their being there.

Plusieurs professionnels de la guidance infantile britannique assistèrent au congrès international de Paris en 1937. Cet article discute des idées et des pratiques cliniques de trois d'entre eux (Robina Addis, Mildred Creak, et Emanuel Miller) en apportant un éclairage sur les orientations et les convictions qu'ils présentèrent en France. Il décrit également la nature et l'objectif de la guidance infantile britannique jusqu'au milieu des années 1930 et plus particulièrement le débat autour de ce qui constitue les perturbations mentales de l'enfant et les techniques thérapeutiques. Il est pour finir suggéré que ce qui explique la participation des délégués britanniques serait le seul fait d'être présents.

Keywords : maladjusted children, British child guidance, psychiatry, psychology, psychiatric social work

Mots-clés : enfants inadaptés, guidance infantile britannique, psychiatrie, psychologie, travail social

This article first describes the nature and scope of child guidance in Britain down to the mid-1930s. Next comes a description of a group of British child guidance practitioners who attended the Paris conference—Robina Addis, Mildred Creak, and Emanuel Miller—and a discussion of ideas of what constituted child mental ill-health and their therapeutic techniques. In

concluding, it is suggested that the significance of the attendance of the British delegates lies in the very fact of their being there.

The basic premise of child guidance was that any child, however apparently normal, could become maladjusted. Such maladjustment manifested itself in what were seen as unacceptable behaviours including, for instance, bed-wetting, mild forms of delinquency, excessive interest in sexual matters as well as more opaque conditions such as timidity and shyness. These behaviours were understood, though, as merely symptoms of deeper-seated problems and the latter were generally to be found in malfunctioning family relationships, and especially that between the child and its parents. Such familial dysfunction might be due to the stresses of modernity, or to issues around the parents' own upbringing, or simply a lack of knowledge on the parents' part as to how best raise their offspring. But it is important to note that British child guidance overwhelmingly rejected socio-economic explanations for mental ill-health in children. Childhood was, moreover, of itself a pathological condition—one British child psychiatrist referred to “The Dangerous Age of Childhood”. A child's particular disturbances thus had to be treated as any other illness would be, that is through the use of medicine, in this case psychiatric medicine. Failure to address maladjustment would be a problem not only for the child, but also for his or her family and the wider society. Child guidance was thus a form of preventive health care and, more broadly, part of the international movement for mental hygiene. Again it is important to note that it emerges in an era of considerable and widespread socio-economic and political instability. Preventing or curing maladjustment in childhood could thus, so the argument went, contribute to social stability and the proper integration of children and their families with society as a whole.

Child guidance came to Britain in the aftermath of the First World War thanks to a group of social reformers and proponents of psychological medicine who succeeded in gaining financial and intellectual support from the Commonwealth Fund of New York. This organisation was to be crucial in funding clinics, training practitioners, and supporting the organising body, the Child Guidance Council as well as ensuring that, in England at least, the medical model of child guidance prevailed just as it did in the United States—hence, inter alia, the creation of child guidance clinics.¹ The Fund also bankrolled the Diploma in Mental Health Course at the London School of

1. For child guidance in the United States, see JONES Kathleen, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority*, Cambridge, Mass., Harvard University Press, 1999.

Economics (LSE), the mechanism whereby the new profession of psychiatric social workers were trained.

A child referred to a child guidance clinic would encounter members of three professions. The psychiatric social worker would investigate the patient's home circumstances and observe interactions between family members. The psychologist would carry out psychometric and other forms of testing while the psychiatrist carried out physical and mental examinations. Although much was made of "teamwork" in child guidance, it was hierarchical teamwork with the medically-trained psychiatrist leading the diagnosis and prescribing the treatment. By the end of the 1920s there were two clinics in England describing themselves as engaged in "child guidance"—the London clinic set up using Commonwealth Fund monies and the initially independent Jewish clinic in the East End of the same city. But this changed in the 1930s, in particular thanks to the initiatives of some of the more progressive local authorities, such as those of Birmingham and Manchester, which saw child guidance as a new and important addition to their school medical services. By the outbreak of the Second World War there were around 45 clinics in England. Provision continued to expand, in part due to the wartime evacuation of many British children, and child guidance went on to be embedded in Britain's post-war welfare state, primarily as part of educational legislation.²

So that is the situation in Britain around the time of the Paris conference. Child guidance was, like many other inter-war social reform programmes, interested in developments in its field at an international level. Before taking up his post as medical director of the important Birmingham local authority clinic, the psychiatrist C. L. C. Burns, for instance, used Commonwealth Fund financial support to investigate child guidance facilities and practice in no less than seven European countries and published the findings of his research.³ Similarly, the Child Guidance Council purchased a copy of the American film entitled "Four Neighbours" which had been produced by the Judge Baker Foundation in America and was to be used at various locations throughout Britain to illustrate child guidance techniques.⁴ So it is in this already internationally-aware context that the Child Guidance Council received a letter from Georges Heuyer in July 1936 inviting its General Secretary, the psychiatrist Douglas MacCalman, to join the *Comité d'Honneur* which was making preparations for the 1937 conference, an invitation which was duly

2. For a fuller history, see STEWART John, *Child Guidance in Britain, 1918-1955: The Dangerous Age of Childhood*, London, Pickering and Chatto, 2013.

3. BURNS Charles, "Child Guidance on the Continent", *British Journal of Educational Psychology*, 3, 3, 1933, p. 251-67.

4. Rockefeller Archive Center, New York, Commonwealth Fund Archives (hereafter, CF), Box 7, folder 76, Minutes of a Meeting of the Executive Committee, 1937/03/11.

5. CF, Box 7, folder 75, Minutes of a Meeting of the Executive Committee, 1936/7/9.
 6. *Programme, Premier Congrès International de Psychiatrie Infantile*, p. 4. (Archives Georges Heuyer, université Paris 8).
 7. For the Mental Hygiene Congress, see ODLUM Doris, "Report on the Second International Congress on Mental Hygiene", *Mental Hygiene*, III, 4, 1937, p. 117-140. For the Child Psychiatry Conference, see further below. On mental hygiene in inter-war Britain, see THOMSON Mathew, "Mental Hygiene in Britain during the First Half of the Twentieth Century", ROELCKE Volker, WEINDLING Paul J., WESTWOOD Louise (dir.), *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, Rochester, NY, University of Rochester Press, 2010, p. 134-155.
 8. BRITISH PARLIAMENTARY PAPERS, 1937-1938, Ministry of Health, *Nineteenth Annual Report of the Ministry of Health, 1937-1938: Cmd. 5801*, London, HMSO, 1938, p. 85.
 9. THOMSON Mathew, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870-1959*, Oxford, Oxford University Press, 1998, p. 85; Child Guidance Council, *Report for the Year 1937*, London, The Child Guidance Council, 1938, p. 2-3.
 10. Londres, Wellcome Library, Archives and Special Collections, Robina Addis Papers (hereafter, Wellcome), PP/ADD/F/3/2, manuscript 1, p. 6; letter, 1937/08/07, Ruth Darwin to Georges Heuyer (Archives Georges Heuyer, université Paris 8).
- accepted.⁵ MacCalman was to be joined on this committee by other British psychiatrists closely associated with child guidance, namely Burns, Emanuel Miller, and the Director of the London Child Guidance Clinic, William Moodie.⁶
- The first International Congress on Child Psychiatry was, of course, preceded by the Second International Congress on Mental Hygiene and there was some overlap of personnel between the two British delegations.⁷ There appear to have been around 12 Britons present at the child psychiatry conference, many of whom were involved, directly or indirectly, with child guidance. The official government representatives were Miss Ruth Darwin, a Senior Commissioner at the Board of Control (the central government body for mental health); and Dr Kate Fraser, from its Scottish equivalent.⁸ Both had attended the Mental Hygiene Congress. Darwin, who had gone to the Board of Control following voluntary health work in Cambridge, was a member of the Child Guidance Council, and of its Executive Committee and its Psychological and Educational Sub-Committee.⁹ One of the other conference attendees described Darwin as the informal leader of the British delegation and on her return from the conference Darwin wrote to Heuyer thanking him for his hospitality and expressing the hope that "*le congrès se répètera et que, un jour, il aura lieu à Londres*"¹⁰.
- However Darwin was not a practitioner so we now focus on three other attendees, all heavily and directly involved in British child guidance. First they are introduced individually and then follows a more detailed examination of their ideas and practices. The first is the psychiatric social worker

Robina Addis. Addis was an important figure in her profession and in child guidance, working at the London Child Guidance Clinic after qualifying with distinction from the LSE Mental Health Course. Her papers include extensive case notes from the clinic; in the early 1950s she wrote a history of the child guidance movement, and she contributed to professional journals with articles on both mental health policy and clinical research, her study of nocturnal enuresis (bedwetting) being a case in point.¹¹ Addis was a member of the Inter-clinic Committee of the Child Guidance Council and, of particular importance for this paper, left two manuscripts outlining her observations of the Paris conference.¹² John Bowlby, later internationally famous for attachment theory, recalled of his period of training at the London Child Guidance Clinic in the mid-1930s that Addis had “no qualms about putting conceited medicals in their place”.¹³

The second person on whom we focus is the psychiatrist Mildred Creak. Creak too was, by the time of the Paris conference, a member of the Child Guidance Council and sat on its Executive Committee, its Medical Sub-Committee, and its Inter-clinic Committee.¹⁴ She had received part of her training at the Philadelphia Child Guidance Clinic, funded by a grant from the Rockefeller Foundation, and by the time of the Paris conference had been for some years head of the children’s department at the Maudsley Hospital in South London dealing in certain cases with children referred on by other child guidance clinics.¹⁵ She was one of the medical team who had supervised Addis’s research into nocturnal enuresis.¹⁶ Creak too published an account of the Paris conference in the

11. ADDIS Robina S., *History of the Child Guidance Movement*, London, National Association for Mental Health, 1952; ADDIS Robina S., “A Study of Nocturnal Enuresis”, *Archives of Disease in Childhood*, 10, 1935, p. 169-78.

12. Child guidance council, *Report for the Year 1937*, p. 3; Wellcome, PP/ADD/F/3/2.

13. BOWLBY John, “A Historical Perspective on Child Guidance”, *The Child Guidance Trust, Newsletter*, n° 3, June 1987, p. 2.

14. Child guidance council, *Report for the Year 1937*, p. 2-3.

15. GRAHAM Philip, “Eleanor Mildred Creak”, *Oxford Dictionary of National Biography*, accessed online 2004/11/30; EVANS Bonnie, RAHMAN Shahina, and JONES Edgar, “Managing the ‘Unmanageable’: Interwar Child Psychiatry at the Maudsley Hospital, London”, *History of Psychiatry*, 19, n° 4, 2008, p. 454-75.

16. ADDIS Robina S., “A Statistical Study...”, *op. cit.*, p. 169.

17. CREAK Mildred, "The First International Conference on Child Psychiatry", *Mental Hygiene*, IV, 1, 1938, p. 2-5; Programme, *Premier Congrès International de Psychiatrie Infantile*, p. 7.

18. Letter, 1937/08/10, Mildred Creak to Georges Heuyer (Archives Georges Heuyer, université Paris 8).

19. THOM Deborah, "Emanuel Miller", *Oxford Dictionary of National Biography*, accessed online 2004/11/30; BURKE Noel H.M. and MILLER Emanuel, "Child Mental Hygiene: Its History, Methods and Problems", *British Journal of Medical Psychology*, IX, n° 3, 1929, p. 218-242.

20. See, for example, MILLER Emanuel (dir.), *The Neuroses in War*, London, Macmillan, 1940.

21. Child guidance council, *Report for the Year 1937*, p. 2-3.

22. ADDIS, R. S., "A Statistical Study...", *op. cit.*, p. 169.

23. National council for mental hygiene, *Fourteenth Annual Report, 1937*, London, National Council for Mental Hygiene, 1938, p. 14.

24. Wellcome, PP/ADD/F/3/2, manuscript 1, p. 1-3; also, Modern Records Centre, University of Warwick (hereafter, MRC), Archive of the Association of Psychiatric Social Workers, MSS.378/APSW/P/16/7, Association of Psychiatric Social Workers, "News Sheet VII: October 1937", p. 11.

journal *Mental Hygiene*, to which we shall return, and she was also a member of the conference's *Comité de Propagande*.¹⁷ In the wake of the conference she was to invite Heuyer to visit her at the Maudsley Hospital.¹⁸

The third individual to whom we pay particular attention is the psychiatrist Emanuel Miller. Miller was the founder of the Jewish Child Guidance Clinic in the East End of London of which he has left an important account.¹⁹ By 1937 he was also attached to the Institute of Medical Psychology (later the Tavistock Clinic) and London's West End Hospital for Nervous Diseases. Miller was a prolific writer on mental health issues, including the impact of war on mental health as well as on specifically child-related matters.²⁰ By 1937, he was a member of the Child Guidance Council and sat on its Executive Committee, its Medical Sub-Committee, and its Inter-Clinic Committee.²¹ Miller too was part of Addis's supervisory team when she investigated nocturnal enuresis.²² In the same year, he was also a member of the Social Problems Committee of the National Council for Mental Hygiene.²³

So let us turn to our three attendees to look in more detail at their ideas and practice, starting with Robina Addis. As noted she left two manuscript accounts of the 1937 conference and we can use these as a way into her interests and concerns in child guidance. The first manuscript gave general impressions of the meeting and was almost certainly the first draft of an article which appeared in the newsletter of her professional body, the Association of Psychiatric Social Workers. So this first manuscript noted, for instance, that over twenty nations were represented and was highly complimentary about Heuyer, noting that he was "the moving spirit of everything" sitting through "interminable papers, eagerly attentive, quick to make the pertinent comment". As at all academic conferences there were personality clashes and Addis remarked in this context that perhaps Heuyer "regarded us in the same way as the children with problems who come to his Clinic". She also described in some detail the work of Heuyer's own clinic and of how closely it resembled the child guidance set-up in which she worked. All this caused her to reflect on her own practice noting for example, that as a social worker she felt critical of her own institution since while at Heuyer's clinic "family histories were to be filled in on a form" her own work was "confined to practical matters"²⁴. This was somewhat misleading since, as we shall see, Addis kept detailed case-records although not in a standardised format. Some clinics were attempting to rationalise record-keeping, although again not necessarily for

family histories and there was undoubtedly variation in practice across British clinics in the inter-war period.²⁵

Heuyer's clinic had been set up in the mid-1920s and appears to have been modelled on American child guidance practice, as were those in Britain.²⁶ During his 1937 Rockefeller Foundation funded journey around Europe to assess psychiatric practice in other countries, the British psychiatrist Aubrey Lewis, a colleague of Mildred Creak at the Maudsley, noted that Heuyer had not only set up a child guidance clinic but was associated with what Lewis described as the more "progressive" Parisian psychiatrists.²⁷ Again this suggests an interest on the part of at least some British psychiatrists in developments in other countries.

The second Addis manuscript is in some respects more detailed and once again paid much attention to Heuyer's clinic, noting that around 2,000 patients were seen every year and that they were examined by psychologists, social workers, and psychiatrists as well as being subject to biological tests and X-rays. Psychoanalytic treatment was carried out by a Dr Morgenstern and various foster homes were utilised when this was deemed necessary. Addis was clearly impressed by all this activity. She commended too a speech by the Viennese professor of psychology Charlotte Bühler, "*Nouveaux tests diagnostiques dans le domaine du normal et du pathologique*" seeing the latter's system of testing as "valuable for early diagnosis eg. at 1 year". Bühler was clearly perceived as an important figure by British child guidance practitioners and exponents. One of her books, for example, was among the recommended reading for the lecture series *Mental Health and Disorder in*

25. STEWART John, *Child Guidance...*, *op. cit.* Appendix 1 for an example of an early attempt at record keeping as data analysis.

26. COFFIN Jean Christophe, "'Misery' and 'Revolution': The Organisation of French Psychiatry, 1900-1980" in GIJSWIJT-HOFSTRA Marijke, OOSTERHUIS Harry, VIJSELAAR Joost, and FREEMAN Hugh (dir.), *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century*, Amsterdam, Amsterdam University Press, 2005, p. 230.

27. ANGEL Katherine, JONES Edgar, and NEVE Michael (dir.) *European Psychiatry on the Eve of War: Aubrey Lewis, the Maudsley Hospital and the Rockefeller Foundation in the 1930s: Medical History Supplement 22*, London, The Wellcome Trust Centre for the History of Medicine UCL, 2003, p. 80.

28. Wellcome, PP/ADD/F/3/2, manuscript 2, p. 3, p. 7. Bühler's approach at this time is described in BÜHLER Charlotte, *From Birth to Maturity: An Outline of the Psychological Development of the Child*, London, Kegan Paul, Trubner and Co., 1935 wherein, for example, she claims (at p. xiii) that advances in psychological science meant that it was possible to "recognize with certainty psychic abnormalities or retardations, as early as the end of the first half-year". The title of her Paris speech is noted in *Programme, Premier Congrès International de Psychiatrie Infantile*, p. 16. On Moodie's lectures see MRC, MSS.378/APSW/12/20, "Mental Health Course, Session 1938-1939", p. 2.

29. PP/ADD/C.1/8, "Case Notes, April-July 1933".

Childhood and Adolescence given by the psychiatrist William Moodie on the LSE's Mental Health Course, thereby exposing trainee psychiatric social workers to her ideas.²⁸

So in Addis we have a recorder of the 1937 conference as well as a child guidance practitioner. We now examine her view of childhood maladjustment by looking at an example from the case notes she kept dating from 1933 when she was a trainee psychiatric social worker at the LSE. This concerned a young boy whom Addis saw, in his home, for reasons which are rather unclear but may be due to lack of emotional responsiveness on his part. Here are some of her observations. The family was Jewish from the Ukraine and Addis assiduously recorded the histories of all family members. She then made further notes under various headings so that, for example, under "Psychological Atmosphere" she observed that the "(w)hole atmosphere of the house is stiff and drab—no flowers in the garden, and only heavy ornaments and the new Encyclopedia Britannica in the sitting room". In terms of "Moral Standards" the boy's mother "insists that there are unalterable principles of right and wrong which never vary... Everyone intuitively knows the good". Consequently the mother felt it her duty "to warn her children where they may go wrong and expects them to accept her ruling". Discipline thus seemed, Addis continued, "oppressive and directed to every detail". She then put forward her "Suggestions for Interpretation of the Family Situation", which would in turn have been her contribution to a case conference back at the clinic. The mother, Addis suggested, was the dominant figure in the family, seeking to direct every detail of family members' lives and "expecting success and devotion in return". She had a "strong ego-drive" and felt she had to do everything herself. Her "(l)ibidinal urge" was "directed into the same channel" and there was a "constant demand for attention in return", a demand which was not being fulfilled either by the patient or by her husband. So all the men in her home "seem to be unsatisfactory to her in some way... Probably it all goes back to a tie with that splendid Father whose favourite daughter she was". Moving towards a conclusion, Addis argued that the cause of the mother's psychological characteristics "must lie very deep for her to deny emotion its place as part of experience and to attempt to rule her life by reason and make duty her desire".²⁹

Three particular points stand out from these notes. First, although British child guidance tended to dismiss psychoanalysis, at least publicly, there is

evidence here of psychoanalytically-informed discourse, most notably in concepts such as ego-drive, libido, sublimation of emotion and the nature of the mother's relationship with her own father. Addis, as a trainee psychiatric social worker, would have been exposed to the latest developments in psychological medicine, including the works of Freud, Jung, and Adler. Second, although, like other child guidance practitioners, Addis would have seen her observations as "scientific", a number of them are more accurately described as normative and judgemental.³⁰ So, for example, while it is possible in general terms to envisage what is meant by a household's "stiff and drab" atmosphere, it is less easy to see why this is manifested by a lack of flowers in the garden or the presence of an encyclopaedia. Such comments might be seen as ignoring or misunderstanding socio-economic and cultural factors such as class or, especially in this instance, religion and ethnicity. Third, this case illustrates very clearly how the gaze in child guidance was on malfunctioning family relations rather than on the maladjusted child himself. Specifically, and not untypically, the mother and her own psychological failings are seen as at the heart of the problem. All three of these issues—the significance of scientific, psychological medicine alongside value judgements and the role of familial dysfunction in childhood maladjustment—were central to British child guidance belief and practice at this time.

To further illustrate these points we now turn to our other two attendees, starting with Mildred Creak. Like Addis, Creak published an account of the conference and its proceedings. She too noted the visit to Heuyer's institution which she described as "the only clinic in Paris functioning in any way as a child guidance clinic" would in Britain. Although duly noting the impressive throughput of Heuyer's clinic, she also noted its constraints, including "cramped and out-dated quarters", while the very volume of children being seen meant that in reality not very much treatment took place. Perhaps unaware that play as a diagnostic and therapeutic tool was a technique mostly confined to Britain, Creak remarked on the lack of "facilities for observation or treatment through play". She noted too the propensity for Parisian cases to be sent to foster homes for treatment. Again, this was rather different from British practice which argued that wherever possible treatment should take place within the biological family, its problems notwithstanding. And in a passage which reflected the state of contemporary European politics, Creak reported the observations

30. On 'science' in British child guidance see STEWART John, "The Scientific Claims of British Child Guidance, 1918-1945", *British Journal for the History of Science*, 42 (3), 2009, p. 407-432.

of a Spanish doctor which purported to show “the relative absence of new anxieties in children living under conditions of modern warfare”. She also recorded the resolutions passed by the conference, these including the creation of an international committee (Addis suggests that Emanuel Miller was to be the English delegate) and the setting up of a body to advance international agreement on terminology. Creak further observed that the next conference was due to take place in four years’ time in Germany, at the insistence of the German delegation “by invitation of their Government”.³¹

In her other written work Creak ranged widely (although not as widely as Miller), drawing extensively on her Maudsley experiences. In an article on psychoses in children, published just after her return from Paris, she argued that, initially at least, such children might present symptoms also to be found in their non-afflicted counterparts. So, for instance, all normal children lived “in their fantasies to a greater or lesser degree”, had imaginary friends, and enjoyed the “senseless repetition” of particular forms of play. The regression “even of older children” at times of “emotional disturbance” to infantile behaviours such as bed-wetting was “no rare occurrence”. Such behaviours were significant only in pointing to the underlying disturbance. “The path of maturation” Creak continued, “is a long one, and at any stage a regression of a purely temporary kind may occur”.³² In another paper, this time on a research project being undertaken at the Maudsley on children with reading difficulties, she noted that at the present stage of the investigation “cases could certainly be distinguished in which emotional tension had become expressed as a symptom, in one child, in reading difficulties, in another child as motor disturbances such as tics, and in another as, say, a regression to nocturnal enuresis”. Creak gave the specific example of a boy aged nine years, but with a reading age of seven years and two months, who was “moody, over-quiet, preoccupied” and “obviously worried” and who compensated by living in a “world of fantasy”. If, however, he could be persuaded to leave this fantasy world his performance, albeit requiring “an abnormal amount of encouragement and stimulation”, was almost normal for his biological age.³³

And in a further piece published in 1938 Creak addressed the issue of hysteria in childhood, again using cases from the Maudsley. She started off by taking it as axiomatic that mental disturbance could affect an individual physically, and vice versa. Defining “hysteria”, she continued, could be

31. CREAK Mildred, “The First International Conference...”, *op. cit.*, p. 4, 5; on Miller as English (*sic*) delegate to this committee, PP/ADD/F/3/2, manuscript 2, p. 2.

32. CREAK Mildred, “Psychoses in Children”, *Proceedings of the Royal Society of Medicine: Section of Psychiatry*, 31, n° 5, 1938, p. 521.

33. CREAK Mildred, “Reading Difficulties in Children”, *Archives of Disease in Childhood*, IX, 1936, p. 153.

problematic. However by utilising the Freudian insight that hysteria could often be caused by an underlying anxiety and then further converted into physical symptoms, this “conversion hysteria” was a “mechanism very commonly seen in children”. The causes of such hysteria could be further sub-divided although “true conversion hysteria”—that is where there was no original organic causation—was not “commonly seen in young children” but was nonetheless “by no means limited to the adolescents”. To illustrate her argument, Creak outlined the case of a fifteen years old girl who had to be carried into the clinic by her father. The patient had been unable to walk for two months, claimed that she could not see, was refusing food, and asserted that she was dying. Her history showed that she had always been a “delicate” child who had exhibited various fears from the age of three. Physical illness made her emotionally upset and afraid of death and she was very dependent on others. The rest of her family were also “nervous”. Ultimately the girl was hospitalised, and thereby taken away from her family, and almost immediately recovered. After various discussions with the patient on the question of her own psychology, she was discharged to a foster family. Here she had had two mild relapses, the second “coupled with the desire...to return to her mother”. Summarising, Creak suggested that the “mechanism here appeared to be entirely psychologically determined, and to be closely related to a tendency of at least twelve years’ duration to seek refuge in illness, with resultant return to complete dependence on maternal care”.³⁴

What observations can we make on these papers, again with the practices and beliefs of British child guidance in mind? The first, although primarily dealing with children with very severe mental health problems, noted that such children may, initially at least, present symptoms which might be exhibited by “normal” children when they come under emotional strain. The example she uses, bed-wetting, was a common cause of referral to British child guidance clinics and was soon to be a major social issue when British children were evacuated from urban areas threatened by aerial bombing at the beginning of the Second World War. More generally, Creak’s analysis is clearly underpinned by another idea central to British child guidance, that there was no sharp distinction between “normal” and “abnormal”. Rather, all children were on a spectrum along which they might move in one direction or another according to emotional and psychological circumstances.³⁵

34. CREAK Mildred, “Hysteria in Childhood”, *The British Journal of Children's Diseases*, XXXV, n° 412-414, 1938, p. 85-6, 87-8, 88-9.

35. See further STEWART John, “‘The Dangerous Age of Childhood’: Child Guidance and the ‘Normal’ Child in Great Britain, 1920-1950”, *Paedagogica Historica*, 47, n° 6, 2011, p. 785-803.

The second paper also references bed-wetting as one possible response to “emotional tension” and likewise notes the role of fantasy in children’s lives. But in the particular case study Creak gives us fantasy had been taken too far and is impeding the child’s education. This is not an insuperable problem, albeit one which requires considerable resources to resolve it. It is also worth noting that, again in line with British child guidance beliefs and practice, problems in schooling were not seen necessarily as educational problems per se but rather as having emotional or psychological origins. Significant too is the use of the expression “over-quiet” as British child guidance placed considerable weight on what were in reality clinically opaque concerns such as timidity and shyness. In the third paper Creak clearly finds the family emotionally and psychologically dysfunctional, resulting in the patient’s physical symptoms. The mother has given too much attention, and implicitly the wrong kind of attention, to her daughter. What is especially notable here, though, is the resort to foster-parenting. As earlier suggested, wherever possible British child guidance sought to deal with its patients’ problems in the context of the biological family. Indeed this was to become almost axiomatic after the Second World War, thanks largely to the work of John Bowlby. What this implies in the case of Creak’s patient is that she and her colleagues felt that familial relationships had broken down to such a degree that actual separation was the only viable option.

Turning now to our third and last delegate identified with British child guidance, Emanuel Miller, it is unclear exactly how much of the conference he actually attended. Addis noted that not all of the English delegation was able to stay for the whole meeting and that of the four scheduled papers by English attendees one speaker was not able to present in person. The sense that the latter was Miller is based on Addis’s note that a résumé of his paper was read out. The latter she recorded as: “Treat character anomalies and neurotics by teaching sympathy, SW (*i. e.* social work), change of environment (*ie.* emotional environment), psychotherapy, nursery schools for pre-school.”³⁶ Nonetheless there also exists a typescript in French summarising Miller’s proposed speech, presumably for pre-circulation to conference attendees, which expands on these points. So, for instance, Miller noted that while provision existed for children deemed of low intelligence, much less was known about character anomalies and nervous problems in infancy. His proposals for tackling such problems included studying the family environment in order to understand the familial

36. Wellcome archives, PP/ADD/F/3/3, manuscript 1, p. 6 and manuscript 2, p. 11.

causes of disturbed behaviour (*“En étudiant l’entourage familial pour saisir les causes familiales de troubles du comportement”*³⁷). All these arguments were, of course, very much the principles upon which British child guidance operated and were articulated by a leading British psychiatrist with well-defined interests in children’s mental health problems. So while Miller may have only attended the 1937 conference spasmodically it is still worth examining his views and practice. And, in any event and as we have seen, the French organisers thought him a significant enough figure to enlist for the conference’s Comité d’Honneur.

In an essay published in 1937 and entitled “Problems of the Growing Child” Miller started off by contrasting the closed system of the Victorian family with its patriarchal atmosphere and strong internal cohesion with the more relaxed, more open, situation which currently prevailed. But, he continued, although there were differences between the two systems there were also strong similarities. So however much “recent convention allows of new adjustments the deep instinctual and emotional bonds between parents and children remain for all practical purposes the same”. Equally it remained the case that “the forces within the mental systems of...young people...bear the mark of our long human history, and because of their depth they remain as strong as ever”. And in both Victorian and modern families it was thought, quite correctly in Miller’s view, that these should be “reasonably large”. Miller then went on to engage with particular types of problems with which children and adolescents might present. Here we focus on those of a sexual nature, particularly in adolescence when “sexual restlessness begins to make its appearance”. One particular problem, and here Miller is talking about boys, is that the “mother, the original infantile object of devotion, becomes unapproachable and girls may be given a sly glance and autoeroticism will be indulged in order that tension shall be overcome”. Equally problematic is any “tendency towards sexual inversion”, by which is meant homosexuality, which might arise due to overly strong “attachments to the mother or even to the father” in early childhood. This could be dealt with in two ways. First, sex education should be given before the onset of puberty. The second way was to pay due attention to the raising of infants for, Miller argued, it was “clear in the light of our knowledge of early child psychology that the peculiarities of sex-development have their roots in perverted sensual interests in the first five years of life”. To prevent such interests even in their early years children should neither be over-indulged

37. Undated typescript
« Les méthodes d’éducation
selon les troubles de l’intelli-
gence et du caractère chez
l’enfant » par le Docteur
Emmanuel (sic) MILLER
(Archives Georges Heuyer,
université Paris 8).

38. MILLER Emanuel, "Problems of the Growing Child", in MILLER Emanuel (dir.), *The Growing Child and Its Problems*, London, Kegan Paul, Trench, Trubner and Co., 1937, p. 211, 209, 215, 216-217.

39. Reported in *Mother and Child*, IX, 11, 1939, p. 421.

or over-neglected, but rather dealt with "by a matter-of-fact naturalness with regard to bodily functions".³⁸

What can we make of these arguments? First, it was a strongly held belief in British child guidance not only that children should be brought up wherever possible in their biological families but also in the company of at least one sibling. Being an only child was problematic because it could, for instance, result in the child being overindulged, and that is one of the points Miller was getting at. Second, the underlying and continuous importance of emotional bonds within the family and to the healthy emotional development of the child is again central to Miller's argument and to that of British child guidance. Third, there is the emphasis, during the discussion on inversion on the crucial importance of the early years in shaping the child's psyche. The correct way of dealing with this potential problem is neither to overindulge nor neglect the child, again a fundamental British child guidance principle. To put it another way, an avoidance of extremes of behaviour towards children on the part of their parents was one of the keys to healthy child development. Fourth, despite the essay's title Miller concentrates almost entirely on boys and not least in the section on sexual problems. This is puzzling, since although British child guidance clinics saw slightly more boys than girls the difference was relatively negligible and, more importantly, girls often presented with sexual issues. Finally, and more positively, there is a fairly relaxed attitude to child sexuality as well as a belief in the necessity of sex education for healthy emotional and psychological development.

One further point about Miller. It was suggested earlier that British child guidance rejected socio-economic explanations for child mental ill-health and by and large this was also true of Miller. But he was aware of power, both political and social. This was hardly surprising given his role in setting up the Jewish Clinic in East London which, by 1939, was reporting that "political disturbances" in the area had made "the position of the clinic a matter of special concern to the community". The particular problem was the anti-semitic campaign, orchestrated by fascists, which had increased the number of children with nervous disorders deriving from the "serious effects of fear and hatred on a child's nervous system". All this was raising "a new problem for the community".³⁹ The previous year Miller had published a book whose concluding chapter was entitled "The Future of the Family". Here he started

by noting that “we have reason to feel some anxiety about the shape of things tomorrow”. This was clearly an allusion to the contemporary state of European politics on which he further commented in the course of the chapter. So, for instance, he argued that in post-1918 Europe “psychological forces have been closely interwoven with economic forces” in what he described as the political “battle” over the future of the family and this was notably the case in Germany, Belgium, and France. But Miller was also aware that power was not simply a political phenomenon. Discussing potential changes in the family he argued that “even on the assumption that both Child Guidance and psychoanalysis” were “universally adopted” children were “unlikely to profit universally from the new psychological dispensation”. While mothers were likely to support potentially liberating change, change which would also be of benefit to children, men were “less disposed to abandon the patriarchal authority which has permeated all forms of social and economic life”.⁴⁰ So not only did child maladjustment derive from badly-functioning families, families themselves were subject to potentially conflict-laden and contested change resulting from deep and well-established cultural and social structures. This sort of mild cultural pessimism, although very much a product of its times, is revealing in itself for generally speaking British child guidance was optimistic about achieving its goals, provided adequate resources were allocated, and the present author has argued elsewhere that in the post-1945 era it became part of a low-key social-democratic consensus about social reconstruction.⁴¹

To conclude: clearly more could be said about these cases and papers, and indeed their authors. As noted, all three were important figures in their own fields and wrote extensively on child mental health issues and policies. But the aim here has been to suggest the sort of intellectual and therapeutic baggage these British child guidance practitioners brought to the Paris conference. This baggage included the centrality of the family to the emotional and psychological development of the child, and especially in its early years; in practice a focus as much on the parent, and especially the mother, as on the maladjusted child itself; value judgements alongside purportedly scientific practice; the lack of sharp distinction between the normal and the abnormal and hence, *inter alia*, the possibility of the normal child regressing at times of emotional stress; and, for the times, a reasonably relaxed attitude to at least some aspects of child sexuality.⁴² It is clear too that the British representatives were interested in

40. MILLER Emanuel, *The Generations: A Study of the Cycle of Parents and Children*, London, Faber and Faber, 1938, p. 253, 262, 267-8.

41. STEWART John, *Child Guidance...*, *op. cit.*, Chap. 6.

42. The ideas and practices described here are more fully discussed in STEWART, *Child Guidance...*, Chap. 2-4.

43. Letter, 1937/08/10,
Mildred Creak to Georges
Heuyer (Archives Georges
Heuyer, université Paris 8).

44. Letter, 1937/10/04,
Douglas MacCalman to
Georges Heuyer (Archives
Georges Heuyer, université
Paris 8).

what they encountered in Paris and, in principle at least, keen to be involved in organisational matters and prepared to support any further meetings of the same type. Creak told Heuyer that she had found the meeting “stimulating and interesting” and that it would now “always be easier to exchange ideas with workers in this field of child psychiatry in other countries”.⁴³ MacCalman, meanwhile, told Heuyer that he would be pleased to arrange meetings with British child guidance practitioners during his planned visit to London.⁴⁴ Whether any of the British attendees brought back any new ideas from Paris and sought to implement them in their own practice is difficult to assess, and not least because war was to break out in a little over two years. But perhaps what was most important about the British attendees, like those from other countries, was the very fact of their presence, a testament to widespread, and international, contemporary concerns about child mental health and witness to a willingness to exchange information and ideas.